		2. ADJUSTMENT PERIOD (Inclusive)							
PAY	ROLL ACTION REQUEST		FRC	M			TO		
1.	PERSONNEL OFFICE SEQUENTIAL REQUEST NUMBER	DATE			P/P	DATE		P/P	
3.	10 011 DELICEDOE OF 1 0ENOV 00DV	4. FRO	М		1	1			
INSTRUCTIONS ON REVERSE OF AGENCY COPY PLEASE READ CAREFULLY		AGENCY	CODE	PERS	SONNEL OFF	ICE IDENTIFIEI	ACCT. STA	TION CODE	
		AGENCY I	NAME AND MA	AILING	ADDRESS		<b>I</b>		
		L							
		CITY				STATE	ZIP CODE		
U.S. DEPARTMENT OF AGRICULTURE		5. EMPLOYEE'S T&A CONTACT POINT							
	FINANCE CENTER								
		6. FLSA	6. FLSA						
PO BOX 60000			EXEMPT NON-EXEMPT						
NEW ORL	EANS, LA 70160	7. RETIRI	EMENT COVE	RAGE	CODE				
		8. TYPE E	MPLOYMENT	_	INTERMIT-	□ RFI	EMPLOYED		
	1	TIME			TENT		NUITANT		
9. SOCIAL SECURITY NO. 10. EMPLOYEE'S NAME (Last, First, Middle Initial)			Т-		ALTERNAT	F			
		TIME			WORK SCH	IEDULE			
11. NATURE OF ACTION TO BE TAKE	N	12. TERM	INATED		IF YE	DATE TE	RMINATED		
		NO			YES	•			
		CHECK M	AILING ADDR	ESS OF	R DESIGNATE	ED AGENT NUN	1BER		
10 EVEL ANATION OF OIR CHARTAN	OF A MUIOU DE OURS TURO A OTION								
13. EXPLANATION OF CIRCUMSTAN	CES WHICH REQUIRE THIS ACTION								
		14. GROS	S AMOUNT C	F ADJU	JSTMENT				
		\$							
45 A000 INTINO DATA TO DE 0145	AND AND ADEDITED								
15. ACCOUNTING DATA TO BE CHAR	GED AND/OR CREDITED								
AC ATTACHMENTO CURRORTING OF	A LITUODIZINO TUIO AOTION								
16. ATTACHMENTS SUPPORTING OF	RAUTHORIZING THIS ACTION								
17. PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION			NE (Area Cod	e and M	lumber)				
I ENGON TO BE CONTACTED FOR	C. BETTOTALITY ON WATTON	ILLEFINO	<sub>(71168 000</sub>	J GIIG IVI					
18. EMPLOYEE'S SIGNATURE AND DA	ATE SIGNED (If Required)								
LIVII LOTEL O GIGINATURE AND DI	= 5.5.1ED (In required)								
19. APPROVAL									
AUTHORIZED OFFICIAL'S SIGNATUR	E AND TITLE					DATE A	APPROVED		